

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/868279** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16	1					
17		1				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3	1				
TOTAL DEP.	20	1	1	1	1	1
TOTAL CLAIMS	23					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								